

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2342

Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334
 (b) Township White Oak Rural Primary Registration District No. 5476
 (c) City _____ or _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leora Pearl Nickerson
 (a) Residence, No. Rural St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward R. Nickerson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1891
 7. AGE YEARS 50 MONTHS 8 DAYS 8 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Harrison Mo (STATE OR COUNTRY)

FATHER 13. NAME L. D. Sutton
 14. BIRTHPLACE (CITY OR TOWN) Franklin County Ohio (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Olive Hedges
 16. BIRTHPLACE (CITY OR TOWN) Warren County Ill. (STATE OR COUNTRY)

17. INFORMANT Edward R. Nickerson (ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Jan 23 1942

19. FUNERAL DIRECTOR (NAME) Joe Eckvohler (ADDRESS) Bethany Mo

20. FILED 1/24/1, 1942 Zola M. Burrows Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1942
 22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1941, to 1-19, 1942

I last saw h.c.r. alive on 1-16, 1942 Death is said to have occurred on the date stated above, at 10:30 am.
 The principal cause of death and related causes of importance were as follows:

Parkinson's Syndrome Date of onset 1935

Other contributory causes of importance: g7c

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. P. Spalden, M. D.
 (Address) Bethany, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe E. Wheeler

Licensed Embalmer No.....

3512

P. O. Address.....

Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.